PTO/SB/01 (08-03)

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H0006005-0555

SPOLTORE, MICHAEL THOMAS

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First Named Inventor

DECLARATION FOR UTILITY OR

DESIGN

PATENT AF	PATENT APPLICATION		CO	COMPLETE IF KNOWN			
(37 CF	R 1.63)	7	Application N	lumber			
Declaration	Declara	นอก	Filing Date				
Submitted OR With Initial	Filing (s	surcharge	Art Unit				
Filing	(37 CFF required	R 1.16 (e)) d)	Examiner Na	me			
I hereby declare that:				-	<u> </u>		
Each inventor's residence, ma	iling address, a	and citizenship are a	s stated be	low next to	their name.		
I believe the inventor(s) name which a patent is sought on the			nventor(s)	of the subje	ct matter wi	hich is clain	ned and for
FIRE LADDER WITH	FIRE LADDER WITH WIRELESS DEPLOYMENT						
the enecification of which		(Title of the I	nvention)				
the specification of which							
is attached hereto							
OR			1				
was filed on (MM/DD/Y	YYY)		as Unite	d States Ap	plication N	umber or P	CT International
Application Number		and was amended	on (MM/DI	D/YYYY)			(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority inventor's or plant breeder's ri country other than the United application for patent, inventor before that of the application of	ights certificate States of Amer 's or plant bree	(s), or 365(a) of any rica, listed below and eder's rights certifica	PCT inter	national appointment	plication whoelow, by ch	ich designate	ated at least one box, any foreign
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YYY		Prio Not Cla			Copy Attached? No
Additional foreign application	tion numbers a	re listed on a supple	mental prio	rity data she	eet PTO/SB	3/02B attacl	hed hereto.

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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Address LAW DEPARTMENT; 101 COLUMI	BIA ROAD								
City				State	9				ZIP
MORRISTOWN				NJ					07692
Country	-	Telephone				Fax			
USA									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		A p	etition	has be	een file	d for thi	s unsiai	ned inventor
Given Name		1 4	p.			Family	Name		
(first and middle [if any]) MICHAEL TI	HOMAS					or Surn	ame	OLTORE	<u> </u>
Inventor's Signature Mul 1	. Spat	5			-				Date 12/17/03
Residence: City	State			Cour	ntry			Citize	nship
VALLEY STREAM	NY			USA				USA	
Mailing Address 27 ORCHARD PLACE									
City	State	· · · · · · · · · · · · · · · · · · ·			ZIP				Country
VALLEY STREAM	NY				11580	0			USA
NAME OF SECOND INVENTO	R:				Ар	etition	has bee	n filed f	for this unsigned inventor
Given Name (first and middle [if any]) ROBERT	1/2				F o	amily N r Surna	lame me _{ORL}	.ANDO	
Inventor's Signature	lew								Date /17/03
Residence: City	State			Cour	ntry			Citize	nship /
NESCONSET	NY			USA				USA	
Mailing Address 103 EKLUND BLVD.									
City	State				ZIP			Count	ry
NESCONSET	NY				11767				
Additional inventors or a legal re	presentative are bei	ng named on the 1	s	upplem	ental sh	eet(s) PT	O/SB/02A	or 02LR	attached hereto.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page -3 of -3			
Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)		Family Name or Surname			
ROBERT S.	<u>N</u>	ADONAILO	_		
Inventor's Signature	χ	<u> </u>		Date 12	117/03
ROCKVILLE CENTRE Residence: City	NY State	USA Cou	untry	USA Citizenship	
525 N. VILLAGE AVENUE Mailing Address					
Mailing Address					
ROCKVILLE CENTRE	NY		11570	USA	
City	State	· _	Zip	Country	
Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)			Family Name or	Surname	
Inventor's Signature		Date			
Residence: City	State		Country		Citizenship
Mailing Address			a		
Mailing Address			_		
City	State	:	Zip	Country	
Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	/entor
Given Name (first and middle (if any)			Family Name or S	Surname	
Inventor's Signature		Date			
Residence: City	State	1	Country		Citizenship
Mailing Address					
Mailing Address					
City	State		Zip	Country	

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Application Number	mation unless it displays a valid OMB control number.	•
Filing Date		_
First Named Inventor	SPOLTORE, MICHAEL THOMAS	_
Title	FIRE LADDER WITH WIRELESS	_
Art Unit		_
Examiner Name		_
Attorney Docket Number	H0006005-0555	_

I hereby appoint:						
Practitioners associ	iated with the Customer Number:					
OR	L		**************************************	_		
✔ Practitioner(s) nam	ed below:					
	Name		Registration Nu	umber		
JOHN F. BENINA	гі		40,510			
ROBERT S. SMIT	Н		24,681			
JOSEPH P. ABAT	Ε		30238			
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City	MORRISTOWN	State	NJ	Zip 07692		
Country		· · · · · · · · · · · · · · · · · · ·				
Telephone		Fax	<u> </u>			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name MICHAEL TH	IOMAS SPOLTORE					
Signature Mil	T. Spal					
Date /2117	(43)		Telephone	516 285 1902		
NOTE: Signatures of all the informs if more than one signat	nventors or assignees of record of the entire in ure is required, see below*.	nterest or their representa	itive(s) are required. Sub	mit multiple		
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First Named Inventor	SPOLTORE, MICHAEL THOMAS
Title	FIRE LADDER WITH WIRELESS
Art Unit	
Examiner Name	
Attorney Docket Number	H0006005-0555

I hereby appoint:				
Practitioners associated	with the Customer Number:			
OR	<u> </u>			
Practitioner(s) named be	low:			
	Name		Registration	Number
JOHN F. BENINATI	,		40,51	0
ROBERT S. SMITH			24,68	1
JOSEPH P. ABATE			30238	8
as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application identified aberewith.	oove, and to ti	ansact all business	in the United States Patent and
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	led with Customer Number.			
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City	MORRISTOWN	State	NJ	Zip 07692
Country				
Telephone		Fax	l	
I am the: Applicant/Inventor.				
Assignee of record of Statement ander)37 C	the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/96,)		
1///	SIGNATURE of Applicant of		of Record	
Name ROBERT ORLA	NDO	-	-	
Signature	4			
Date /2/11/	63	•	Telephone	631 981 1561
NOTE: Signatures of at the invento forms if more than one signature is	rs or assignees of record of the entire interest or required, see below*.	their representa	ative(s) are required. S	ubmit multiple
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Application Number	
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First Named Inventor	SPOLTORE, MICHAEL THOMAS
Title	FIRE LADDER WITH WIRELESS
Art Unit	
Examiner Name	
Attorney Docket Number	H0006005-0555

I hereby appoint:				
Practitioners associated	with the Customer Number:			
OR	<u> </u>			
Practitioner(s) named be	low:			
	Name		Registration	n Number
JOHN F. BENINATI			40,5	510
ROBERT S. SMITH			24,6	881
JOSEPH P. ABATE			302	38
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OR Firm or	T			
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Country		γ	T	
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l am the:				
Applicant/Inventor.				
	the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/9	6)		
SIGNATURE of Applicant or Assignee of Record				
Name ROBERT S. ADO	IAILO / /			
Signature Roll Culou				
Date 12/11/03	· · · · · · · · · · · · · · · · · · ·		Telephone	516-921-6704
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*Total of 3	forms are submitted.			

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